

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-575)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4	1					
5		1				
6	1					
7	1					
8		1				
9						
10		1				
11						
12	1					
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19		1				
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41		1				
42	1					
43		1				
44						
45		1				
46	1					
47		1				
48						
49		1				
50						
TOTAL IND.		15		15		15
TOTAL DEP.		15		15		15
TOTAL CLAIMS		30		30		30

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52						
53						
54	1					
55		1				
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57		1				
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59		1				
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97						
98						
99						
100						
TOTAL IND.	15					
TOTAL DEP.	51					
TOTAL CLAIMS	66					